

CRITERIA FOR PRIOR AUTHORIZATION

Blinicyto® (blinatumomab)

PROVIDER GROUP Pharmacy
Professional

MANUAL GUIDELINES The following drug requires prior authorization:
Blinatumomab (Blinicyto)

CRITERIA FOR BLINATUMOMAB: (must meet all of the following)

- Patient must have a diagnosis of one of the following:
 - Relapsed Philadelphia chromosome-negative acute lymphoblastic leukemia (ALL)
 - Refractory B-cell precursor ALL
- Must be prescribed by or in consultation with an oncologist

LENGTH OF APPROVAL: 5 cycles (each cycle consists of 4 weeks continuous intravenous infusion followed by a 2-week treatment-free interval)